OSENDER COMPLETE THIS SECTION 154	FOOMELETE/THIS SECTION ON DELIVERY OF 1
■ Complete Items 1, 2, and 3. Also complete Item 4 If Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: WM KUKLAUA C/O Chustis Hendle 2720 Puce #5	A. Signature B. Received by (Rinted Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Cinoh	3. Service Type Certified Mall
45204	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number 7007 0710 0000 8134 2763	
PS Form 3811, February 2004 Domestic Return Receipt 102605-02-M-1540	